

CRAIG WESLEY RIMER AFFIDAVIT OF SERVICE

ATTACHMENT I

CRAIG WESLEY RIMER AFFIDAVIT OF SERVICE

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,) Case No.: IN EQUITY No. C-125-MMD
Plaintiff(s),) Sub-proceeding 3:73-CV-00128
MMD-WGC

vs.

WALKER RIVER PAUITE TRIBE,) AFFIDAVIT OF CRAIG WESLEY RIMER
Plaintiff-Intervenor,) JD, SPECIALLY APPOINTED PROCESS
SERVER RE IDENTITY OF ANN F.
MENDOZA

vs.

WALKER RIVER IRRIGATION DISTRICT,)
a corporation, et. al.,)
Defendants.)

MINERAL COUNTY,)
Plaintiff-Intervenor,)

vs.

WALKER RIVER IRRIGATION DISTRICT)
et. al.,)
Defendants.)

COMES NOW CRAIG WESLEY RIMER JD and states as follows:

1. That I am a professional investigator, BSIS License No. 13166, Department of Consumer Affairs, State of California. I have practiced in this profession for forty-five (45) years, have been licensed since 1981 in California, became a Certified Legal Investigator (NALI) in 1985, a Certified Financial Investigator in 2000, and that I am a certificated paralegal. I have an undergraduate

1 degree in English literature and a doctoral (*Juris Doctor*) degree. As well, I am the specially
2 appointed process server in the instant matter;

3 2. That I am a citizen of the State of California and the United States of America;

4 3. That I am over the age of majority and not a party to the within action;

5 4. That all of the information contained in this declaration is of my own personal knowledge and I
6 would be competent to testify thereto if required to do so;

7 5. That on or about 10 August 2021, I undertook an assignment which involved locating Earl K.
8 Wallace, Karen A. Wallace, Ann Mendoza and Ralph Mendoza. These parties are the grantees
9 identified on a certain grant deed relating to a parcel of real property (APN 240017000) situated in
10 Mono County and recorded in the Mono County Clerk Recorder's Office 13 December 1979, a
11 copy of which is attached hereto as Attachment "A."

12 6. That the real property identified in Paragraph 5 above is germane as it is within the Walker River
13 Basin and a subject of the within Walker River C-128 In Equity legal matter;

14 7. The difficulty that arose with regard to Wallace / Mendoza stemmed from the address
15 information on the subject grant deed which only identified an address for Mr. and Mrs. Wallace, to
16 wit 106 Palomar Street, Chula Vista, California. No further identifying information was located as
17 to the Mr. and Mrs. Mendoza in the Mono County Clerk Recorder's Office nor Assessor's Office
18 relating to them. Accordingly, and due to the common spelling of their names, the Mendozas could
19 not be located for a considerable period of time;

20 8. That during August 2021, I discovered Earl and Karen Wallace' daughter Cindy Wallace was
21 residing at 2355 Mount View, Fallon, Nevada. Upon contact with Cindy Wallace, I learned, among
22 other things, the Mendozas were from San Pedro, California, they divorced approximately thirty
23 years ago in Los Angeles County, Ann Mendoza had died approximately eight years ago in Las
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1 Vegas, Nevada, and that Cindy Wallace' mother Karen Wallace had died in South lake Tahoe,
2 California about six years ago. Most importantly, Ms. Wallace stated Ann Wallace was her aunt but
3 she had no idea of the whereabouts of Ralph Mendoza. Though the undersigned understands Cindy
4 Wallace has only the best of intentions, she by her own admissions has suffered nine strokes during
5 the last few years and her memory has been detrimentally affected. Accordingly, upon
6 investigation, Affiant learned Karen Wallace did not die in California and Ann Mendoza did not die
7 in Las Vegas, Nevada – Cindy Wallace had been mistaken;

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9 9. Through extensive investigative inquiry, Affiant discovered there was no husband and wife
10 Ralph and Ann Mendoza residing in San Pedro, California during 1979. Notwithstanding, there
11 was a Rafael G. Mendoza and Ann Mendoza residing there at 667 22nd Street, San Pedro,
12 California. Affiant's investigative efforts continued and Rafael G. Mendoza, age eighty, was
13 located presently living at 10482 Sagecrest Drive, Moreno Valley, California;

14 10. In the public and other records, the undersigned discovered a related person to Mr. Mendoza
15 named Ann Florence Dempsey who had been residing in Helendale, California which is located in
16 San Bernardino County, California and importantly, contiguous to Clark County (Las Vegas)
17 Nevada;

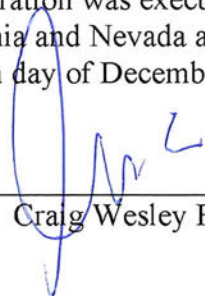
18 11. Upon further investigation in San Bernardino County, California, Affiant was able to discover
19 that Ann Florence Dempsey had subsequently remarried Jackie Dean Frease, both continuing to live
20 in Helendale, California until her death 6 December 2014;

21 12. Upon search of the San Bernardino County Recorder's Office, a Declaration of Death of Joint
22 Tenant relating to Ann Frease was located of which her death certificate was attached. Said death
23 certificate did not mention the previous name of Ann Mendoza but identifies her father as Earl Scott
24 Wallace (Who is Cindy Wallace' grandfather making his daughter Ann Wallace Cindy Wallace'
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1 aunt corroborating Cindy Wallace memory of Ann Mendoza). A copy of the related death
2 certificate of Ann Wallace Mendoza is affixed hereto as Attachment "B."

3 13. Accordingly, the correct Ann Mendoza is identified in the attached death certificate and the
4 search for Ann Mendoza has been successfully concluded.

5 I, THE UNDERSIGNED, do hereby declare under penalty of perjury that the foregoing is true
6 and correct to the best of my knowledge and that this declaration was executed under penalty of
7 perjury in accordance with the laws of the State of California and Nevada at the City of
8 Roseville, County of Placer, State of California on the 29th day of December 2021

9 
10 _____
11 Craig Wesley Rimer, JD
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Name Mr. and Mrs. Wallace, et al
 Street 106 Palomar
 Address Chula Vista, Ca 92011
 City & State

FEE \$3.00

RUBY L. STRAIT
 COUNTY RECORDER

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$ 16.50
☒ computed on full value of property conveyed, or

☐ computed on full value less value of liens and encumbrances remaining at time of sale.
A-P.N. 2-140-17**Grant Deed**ORDER NO. 101456C

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

JAMES L. MILLER, a single man

hereby GRANT(S) to EARL K. WALLACE and KAREN A. WALLACE, husband and wife,
 as Joint Tenants, as to an undivided $\frac{1}{2}$ interest and RALPH MENDOZA and
 ANN F. MENDOZA, husband and wife, as Joint Tenants, as to an undivided
 $\frac{1}{2}$ interest

the following described real property in the

County of MONO

, State of California:

That portion of the Northeast quarter of the Northwest quarter of
 Section 28, Township 8 North, Range 23 East, M.D.B.&M. in the county
 of Mono, State of California, according to the official plat thereof
 described as follows: Beginning at the North quarter corner of Section
 28, and running thence along the North boundary line of said Section
 28, North 89° 18' W. 247.72 feet; thence South 2° 39' West 330.17 feet;
 thence South 89° 18' East 255.50 feet, more or less, to the center line
 of said Section 28, thence along said center line North 1° 18' East
 330.00 feet, more or less, to the point of beginning.

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

On DEC. 8, 1979 before me, the under-
 signed, a Notary Public in and for said State, personally appeared
James L. Miller

Dated December 3, 1979

James L. Miller
 JAMES L. MILLER

_____, known to me
 to be the person whose name _____ subscribed to the
 within instrument and acknowledged that he executed

OFFICIAL SEAL
 WILLIAM J. GRAYB



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

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COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

STATE FILE NUMBER		CERTIFICATE OF DEATH		3201436012086	
LOCAL REGISTRATION NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/01)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEASED - FIRST (Given) ANN		2 MIDDLE FLORENCE		3 LAST (Family) FREASE	
4A ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy 1941		5 AGE Yrs 73	6 SEX F
9 BIRTH STATE/FOREIGN COUNTRY ME		10 SOCIAL SECURITY NUMBER 6350		11 EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
12 ANNUAL STATUS/SDOP at Time of Death MARRIED		7 DATE OF DEATH mm/dd/yyyy 12/06/2014		8 HOUR 24 Hour 2005	
13 EDUCATION - Highest Level/Degree (three highest or back) HS GRADUATE		14/15 WAS DECEASED HISpanic/Latino/Hispanic? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEASED'S RACE - Use to 3 races may be listed (see worksheet on back) WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BAR		19 YEARS IN OCCUPATION 30	
20 DECEASED'S RESIDENCE (Street and number, or location) 15239 WILDFLOWER LANE					
21 CITY HELENDALE		22 COUNTY/PROVINCE SAN BERNARDINO		23 ZIP CODE 92342	24 YEARS IN COUNTY 22
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP JACK FREASE, HUSBAND			
27 INFORMANT'S MAILING ADDRESS (Street and number, or P.O. Box, Suite, Room, city or town, state and zip) P.O. BOX 2066, HELENDALE, CA 92342		28 NAME OF SURVIVING SPOUSE/SDOP - FIRST JACKIE			
29 MIDDLE DEAN		30 LAST BIRTH NAME FREASE			
31 NAME OF FATHER/PARENT - FIRST EARL		32 MIDDLE SCOTT		33 LAST WALLACE	
34 BIRTH STATE ME		35 NAME OF MOTHER/PARENT - FIRST MARY		36 MIDDLE RITA	
37 LAST BIRTH NAME O'DONNELL		38 BIRTH STATE ME			
39 DISPOSITION DATE mm/dd/yyyy 12/10/2014		40 PLACE OF FINAL DISPOSITION RES JACK FREASE 15239 WILDFLOWER LANE, HELENDALE, CA 92342			
41 TYPE OF DISPOSITION CR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT AFFORDABLE CREMATIONS OF THE HIGH DESERT		45 LICENSE NUMBER FD2032		46 SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD	
47 DATE mm/dd/yyyy 12/10/2014		48 SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD			
101 PLACE OF DEATH RESIDENCE HOSPICE					
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> OTHER		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> DECEASED'S HOME <input type="checkbox"/> OTHER			
104 COUNTY SAN BERNARDINO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 15239 WILDFLOWER LANE		106 CITY HELENDALE	
107 CAUSE OF DEATH If one of the causes of death - disease, injury, or complication - was directly caused death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure without specifying the primary cause. DO NOT abbreviate.					
IMMEDIATE CAUSE (If disease or condition resulting in death) W CARDIAC ARREST		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any leading to cause on Line A Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST CEREBRAL VASCULAR ACCIDENT		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
UNSPECIFIED ESSENTIAL HYPERTENSION					
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CACHEXIA					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes list type of operation and date) NO		114 IF FEMALE, PREVIOUS P (Last Year) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent's Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy 11/07/2014 11/30/2014		115 SIGNATURE AND TITLE OF CERTIFIER SREEKANTH GANAPAVARAPU M.D.		116 LICENSE NUMBER A82967	
117 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SREEKANTH GANAPAVARAPU M.D. 16147 KAMANA ROAD, APPLE VALLEY, CA 92307		118 DATE mm/dd/yyyy 12/10/2014			
119 I CERTIFY THAT IN MY OPINION, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) 120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
121 INJURY DATE mm/dd/yyyy					
122 HOUR (24 Hours)					
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*010001002800078*			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

DEC 15 2014

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Maxwell Ohikhuare
MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

* 002351228 *

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

